

LIBERTY CIVIL SERVANT PENSIONERS'
PROTECTION SCHEME
利寶退休公務員長俸保障計劃



Liberty
Insurance™

利寶國際保險有限公司



LIBERTY CIVIL SERVANT PENSIONERS' PROTECTION SCHEME 利寶退休公務員長俸保障計劃

Part 1: Insurance Cover 第一部份：保單資料

*Please fill in the sum assured: 請填寫投保金額

Application for Insurance 保險申請表

Plan of Insurance 保險計劃 Liberty Civil Servant Retiree Scheme 利寶退休公務員福利人壽保障	Face Amount - HK\$ 投保金額 - 港幣
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Part 2: Life To Be Insured / Policyholder Information 第二部份：受保人/保單持有人資料

1. English Name as appear on identity document 英文姓名 (以身份證明文件為準)	
2. Chinese Name (if applicable) 中文姓名 (如適用)	
3. Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
4. Date of Birth 出生日期	DD 日 ____ MM 月 ____ YYYY 年 _____
5. Age Last Birthday 上次生日年齡	
6. Place of Birth 出生地	
7. Nationality 國籍	
8. HKID / Passport No. 香港身份證 / 護照號碼	
9. Correspondence Address 郵寄地址	
10. Contact Information 聯絡資料	Mobile No. 手機: _____ Home Tel 住宅電話: _____
11. E-mail address 電郵地址	
12. Occupational Information 職業資料	
a. Job Title 職位	
b. Exact Duties 職務範圍	
c. Date when First Appointed to Civil Service 最初受聘於政府的日期	DD 日 ____ MM 月 ____ YYYY 年 _____
d. Date of retirement (Commencement Date of Pension Payment) 退休日期(開始支付退休金的日期)	DD 日 ____ MM 月 ____ YYYY 年 _____
e. Pension Scheme 退休金計劃	<input type="checkbox"/> New Pension Scheme 新退休金計劃 <input type="checkbox"/> Old Pension Scheme 舊退休金計劃
f. Category of pensioner 退休人員類別	<input type="checkbox"/> Category A 甲類人員 <input type="checkbox"/> Category B 乙類人員
g. Highest Pensionable Emolument (Monthly) 最高可供計算退休金的薪酬(每月)	HK\$ 港幣 _____
h. Expected Monthly Pension 預期退休後每月可獲得之長俸	HK\$ 港幣 _____
i. Commutation Percentage for Lump-Sum Pension Gratuity 退休酬金的折算百分比	_____ %
j. Are you considering to work, or confirmed to work, after retirement? If so, please provide details on the company name, business address, nature of business and job title and nature. 閣下是否考慮或經已確定於退休後工作? 如是請提供詳細資料如公司名稱、地址、業務性質、職位及工作性質。	<input type="checkbox"/> Yes 是 Details 詳細資料: _____ <input type="checkbox"/> No 不是 _____

Part 3: Beneficiary 第三部份：受益人

English Name (underline the surname) 英文姓名 (在姓氏下加橫線)	Chinese Name 中文姓名	Identity Document No. 身分證明文件號碼	Relationship 與受保人關係	Percentage 所佔比率
1.				
2.				
3.				

Part 4: Life To Be Insured's Personal Habits 第四部份：受保人個人習慣

1. Have you used tobacco (cigarette, cigar, pipe, chewing tobacco) at any time? 閣下曾否使用煙草 (香煙、雪茄、煙斗或咀嚼用煙草)? Yes 是 No 不是
 If yes, please provide the following details 若是, 請提供以下資料
 Date last used tobacco 最後使用煙草日期 _____ Type 種類 _____ Daily Quantity 每日數量 _____
 How many years were you a smoker? 使用煙草的年期 _____ What was the reason you ceased smoking? 停止使用煙草的原因 _____
2. Do you drink alcohol? If yes, please provide the following details: 閣下是否有飲用酒精類飲品? 若是, 請列明類別, 飲用份量及頻密情況: Yes 是 No 不是
 Kind 種類 _____ Amount 份量 _____ Frequency 頻密情況 _____
3. Do you have a drug taking habit? If yes, please provide details: 閣下是否有服食藥物習慣? 若是, 請提供資料 Yes 是 No 不是
4. Do you participate in, or do you intend to participate in any private flying, any hazardous sports, or races? 閣下曾否參與或意圖參與私人性質飛行或危險性運動、競技? Yes 是 No 不是
 If Yes, please complete the corresponding questionnaire. 若是, 請填寫有關問卷

Part 5: Life To Be Insured's Health Information 第五部份：受保人健康資料

1. Please state your height and weight 請填寫閣下的身高及體重	_____ cm 厘米 _____ kg 公斤	If any "Yes", please provide details 如任何答案為"是", 請提供詳細情況
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2. Do you have any weight gain or loss of more than 5kg in the past year? 閣下過去一年體重有否增加或減少超個5公斤?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
3. Have you ever suffered from lung/respiratory disorders, digestive disorders, enlarged glands or enlarged lymph nodes, or any other disease of the eyes, ears nose, mouth or throat, tuberculosis, asthma, chronic bronchitis, diabetes, duodenal or gastric ulcer, kidney or bladder disorder, prostate problem, high blood pressure, chest pain, heart disorder, coronary artery disease, stroke, epilepsy, cancer or tumour, thyroid disorder, mental or nervous disorder, deficits in cognitive abilities, any form of hepatitis (including Hepatitis B carrier) or liver disease, blood disorder, skin disorder, musculoskeletal or joint disease, systemic lupus erythematosus, arthritis, HIV infection, AIDS, AIDS related complex or any other sexually transmitted disease, or any other physical impairment or deformity? 閣下曾否患有肺部/氣管疾病、消化系統疾病、腺體腫大或淋巴腺結腫大、或其他眼、耳、鼻、口或喉之疾病、肺結核、哮喘、慢性支氣管炎、糖尿病、十二指腸或胃潰瘍、腎或膀胱疾病、前列腺問題、高血壓、胸膈痛、心臟病、冠心病脈疾病、中風、癲癇症、癌症或腫瘤、甲狀腺疾病、精神病或神經系統病症、認知能力障礙、任何類型的肝炎(包括乙型肝炎帶菌)或肝病、血液失調、皮膚病、肌肉筋骨或關節病症、紅斑狼瘡、關節炎、人類缺乏免疫力病毒感染、愛滋病、與愛滋病有關的併發症或其他性病或肢體殘缺?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
4. Have you ever had any physical or health impairments not mentioned above? 閣下有否任何上文未提及的疾病或傷殘?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
5. Have you been advised in the past 5 years, or are you planning to or currently have any medical investigation (e.g. ECG, CT scan, blood test, biopsy or other test), medication, medical treatment or advice? 閣下曾否於過去五年內被建議、或打算或現正接受任何體檢(例如心電圖、掃瞄檢查、活組織檢驗或其他檢驗)、治療或服用任何藥物或建議?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
6. Do you have any regular doctor? If yes, please give name and address. 閣下是否有固定醫生為閣下診治病症?如有, 請提供醫生姓名及地址	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
7. For Female Only (只限女性)		
a. Have you ever had, or been told to have, or been treated for, or are you intended to be treated for any disease/disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? 閣下是否患有、被告知患有任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病/失調? 及曾否因以上情況而接受治療或準備接受治療?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
b. Have you ever had, or have been advised to have investigation and/or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast, such as pap smear, cone biopsy, colposcopy, ultrasound, mammogram or surgery? 閣下曾否患有、或被建議接受檢驗和/或治療子宮頸、子宮、輸卵管、陰道、卵巢或乳房, 例如子宮頸細胞塗片、錐形活組織化驗、陰道鏡、超聲波、乳房X光或手術?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
c. Are you now pregnant? If yes, please state number of months. 閣下現在是否懷孕?如是, 請述已懷孕月數	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
d. Have you ever had complication during or as a result of your pregnancy such as high blood sugar, high blood pressure or other complications? 閣下曾否在妊娠期間或因懷孕而導致併發症, 例如高血糖、高血壓或其他併發症?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
8. Family History Have any of your immediate family members ever had heart disease, high blood pressure, kidney disorder (polycystic kidney disease), polyp of colon, stroke, diabetes, cancer, Huntington's Chores, Muscular Dystrophy/Atrophy or any OTHER inherited disease? 閣下的直屬家庭成員曾否患有心臟病、高血壓、腎病(多囊腎)、結腸息肉、中風、糖尿病、癌症、杭延頓氏舞蹈病、肌肉萎縮症或任何其他遺傳疾病, 並請於下方提供的直屬家庭成員的健康狀況。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	

Please also state the health status of your immediate family members below. 請填寫直屬家庭成員健康狀況。

	Living - Age 健康/年齡	Age at Death 身故年齡	Cause of Death 身故原因	Health Status - Any Disease(s) and Onset Age 健康狀況, 如有患病, 請列詳情及病發年齡
Father 父親				
Mother 母親				
Brothers and Sisters 兄弟姐妹				
Supplementary Information 補充資料				

Part 6: Insurance History 第六部份: 其他人壽保險

Have you ever been refused insurance or been offered insurance with restricted benefits at other than standard rates. If yes, please give details. Yes 是 No 不是
閣下曾否遭任何保險拒絕投保或向閣下提供有限制保障的保險或按標準收費以外的收費向閣下提供保險? 若是, 請提供詳情

Part 7: Replacement Declaration 第七部份: 轉保聲明

- a. Have you replaced (Note 1) in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否於過去12個月內以這份投保申請書/建議書取代閣下任何現有保險單, 或取代任何現有壽險保單內大部份的壽險成份?
 Yes 是 (please complete a Customer Protection Declaration Form 請填寫《客戶保障聲明書》)
 No 不是 (please answer question b below 請簽回下列問題b)
- b. Do you intend to replace (Note 2) in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否打算於未來12個月內以這份投保申請書/建議書取代閣下任何現有保險單, 或取代任何現有壽險保單內大部份的壽險成份?
 Yes 是 (please complete a Customer Protection Declaration Form 請填寫《客戶保障聲明書》)
 No 不是 (please read below Declaration carefully and sign 請詳閱下列聲明簽署)
I realize if I answer "No" to both questions above but indeed,
i) this application/proposal has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or
ii) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) in the next 12 months by this application/proposal.
I may jeopardize my future right of redress if I find later that I have been disadvantaged because of such replacement.
本人知道如果本人就上述兩條問題都選擇「否」, 而事實上:
i) 這份投保申請書/建議書卻於過去12個月內, 取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成份; 或者
ii) 本人現打算於未來12個月內, 以這份投保申請書/建議書取代閣下任何現有保險單, 或取代任何現有壽險保單內大部份的壽險成份, 即使日後發現因是次轉保導致本人蒙受損失, 本人或會因此而有損日後的追討權益。

I hereby authorize the insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority ("IA"), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information.

本人現授權新壽險保單的保險公司向保險代理登記委員會, 香港保險顧問聯會, 香港專業保險經紀協會有限公司, 保險業監督〔「保監」〕, 香港保險業聯會, 所有已被取代或將會被取代的現有壽險保單的保險公司〔如適用者〕, 或為了有效管理/執行/履行《壽險轉保守則》指明的適用於保險經紀的「最低限度規定」所需的其他機構, 提供本「轉保聲明」的副本, 以及任何有關紀錄或資料。

Signature of the Applicant / Proposer 申請人 / 投保人簽署

Date (dd/mm/yyyy) 簽署日期 (日/月/年)

Notes:

Note 1: The agent/broker must explain this Replacement Declaration to the applicant/proposer before the latter signs it, but this Replacement Declaration does not form part of the application/proposal for the new life insurance policy. 在申請人/投保人簽署本「轉保聲明」之前，保險代理/經紀必須向申請人/投保人解釋「轉保聲明」內容，但本「轉保聲明」並不是新壽險保單的投保申請書/建議書的其中一部份。

Note 2: Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the applicant/proposer, which has/have been terminated within 12 months before or will be terminated with 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduce paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies) "A substantial part" means "50%" or above. However converting term life insurance to whole life insurance (or some forms of permanent life Insurance) under policy provisions of the existing life insurance policy(ies) is not construed as Replacement. 任何購買壽險的交易，如涉及(i) 任何現有壽險保單或其基本壽險保障的大部份保額已被終止或將被終止，或(ii)現有壽險保單內大部份的現金價值已被減少/將被減少，包括：大部份的現金價值已被提取/將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後12個月內，申請人/投保人已經終止或將會終止的任何壽險保單，壽險保單包括所有類型的傳統壽險，年金及其他非傳統壽險保單。終止保單包括：讓保單失效，退保或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清/展期保單。「大部份」指「50%或以上」。若根據現有壽險保單條款，將定期壽險保單轉為終身壽險保單（或某些形式的長期壽險保單），則不會被視為「轉保」。

Part 8: Cancellation Right Declaration 第八部份：取消保單權益

I UNDERSTAND that I have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me and received directly by Company's Office before the later of 21 days from the date of this Application, 14 days from the date of Issue of the Policy or 5 days from the date of a Notice informing me or my representative about the availability of the Policy and the expiry date of the Cooling-off Period. No refund will be made of a claim has been paid.

本人等明白有權以書面取消投保，並自本投保申請表簽署日起計的二十一天內、保單簽發日起計的十四天內、或於《通知書》〔說明已經可以領取保單和「冷靜期」的屆滿日〕寄予本人或本人的代表後起計五天內〔以較後者為準〕，將其交予貴公司之辦事處。如於退保前已獲賠償則不會再獲退款。

Part 9: Declaration And Authorization 第九部份：聲明及授權

I hereby declare and agree that

- (1) the answers and statements made in this Application and in any other documents forming part of this Application (collectively, this Application) are complete and true (and will be complete and true at the time of payment of the initial premium) and will be the basis of my contract that may arise;
- (2) all material facts, being facts which might influence the assessment of this Application, have been disclosed in this Applications, it is being understood that failure to make such disclosure renders the contact voidable;
- (3) the Company will not incur any liability pursuant to this Application unless the Company has approved the issue of a policy and then only if the initial premium therefore had been paid in full;
- (4) no person (including any agents or brokers) has the authority to make or modify the Company's policies or waive any of the Company's rights or requirements.

本人吾等在此明白及同意

- (1) 此申請表及任何其他組成此申請表之文件(在此併稱「此申請表」)中所作之答案及陳述均為完全及屬實(並於繳付首次供款/保費時屬完全及屬實)並將成為任何由此產生的合約之依據;
- (2) 所有重要事實，此及指可影響評估此申請之事實均已於此申請表中披露，若任何重要事實未能披露則可使合約無效;
- (3) 除非貴公司已核准簽發保單而該保單之首次保費亦全數繳付，否則貴公司不會根據此申請表承擔任何責任;
- (4) 任何人士(包括顧問)無權更改公司之保單或豁免任何貴公司之權利或規定。

I hereby authorize

- (a) Any doctor, hospital, clinic, insurance company, government office, organization or persons who has any records, knowledge or information about me (whether medical or otherwise) to disclose, release or transfer to Liberty International Insurance Ltd. ("the Company") or its representative such records, knowledge or information pertinent to this Application for insurance, reinsurance and any claims arising therefrom; and
- (b) The Company or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me in relation to this Application for insurance, reinstatement and any claim arising therefrom. This Authorization shall bind my successors and assignee and remains valid notwithstanding death or incapacity.

A photostat copy of this authorization shall be as valid as the original.

本人吾等現正授權

- (a) 任何知悉或持有本人/吾等之紀錄、詳情或資料(醫療或其他資料)之醫生、醫院、診所、保險公司、政府部門、機構人士就有關此投保申請、復保申請及由此所引起之任何索償向利寶國際保險有限公司(「貴公司」)或其代表披露、透露或轉移此等紀錄、詳情或資料；及
- (b) 貴公司或貴公司指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗。以評估與此投保申請、復保申請及由此所引起之任何索償有關之本人吾等的健康情況。此授權書對本人/吾等之繼承人及受讓人有約束力，並於本人/吾等身故後或喪失能力後仍然有效。

此授權書的正本及影印本同屬有效。

Signature of Life To Be Insured

受保人簽署

Place

簽署地

Date (dd/mm/yyyy)

簽署日期(日/月/年)

Producer information

Agent/Broker code	Agent/Broker Name	Agent/Broker Signature & Company chop (if applicable)



Liberty
Insurance™

Liberty International Insurance Ltd.
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Hong Kong.
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**LIBERTY CIVIL SERVANT PENSIONERS' PROTECTION SCHEME
APPLICATION SUPPLEMENTARY FORM**

To be completed by the Life to be Insured/Applicant

I, _____ holder of HKID/Identification document no. _____
Name of Life to be Insured/Applicant (please print in block letters)

Policy No. _____ hereby submit the following as supplementary information to my application for

Reducing Term Life Insurance dated _____ (dd/mm/yyyy).
(*Please delete as appropriate)

Declaration

I, the LIFE TO BE INSURED/APPLICANT, do hereby declare that the above statements are complete and true that they are correctly and fully recorded.

And I, the APPLICANT, do hereby agree that this supplementary form, together with the original Application and all additional documents related to the Application, will be the basis of the contract between me and Liberty International Insurance Company Ltd.

_____ Signature of Life to be Insured	_____ Date	_____ Signature of Applicant (If other than Life to be Insured)	_____ Date (dd/mm/yyyy)
_____ Witness	_____ Date	_____ Witness	_____ Date (dd/mm/yyyy)

For Office Use:

